



## PATIENT

Kate Lukovich

## SPECIES

Canine

## BREED

Sheltie

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

9.3 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Iacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Dorval

## INVOICE

75120

## DATE

5/13/26

## PRESENTING CLINICAL SIGNS

Kate has a history of hypothyroidism. She is on 0.1 mg levothyroxin BID and her T4 is well WNR. She is also on ursodiol 100mg SID long term due to the finding of an emerging biliary mucocele on a previous US done 7/29/2024 which was sent to IDEXX. She is clinically doing very well. AUS paying particular attention to her liver and gall bladder as well as her adrenal glands

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4 5/8/26 was normal aside from elevated ALKP: 1023 (23-212). It was 213 when last checked on 2/25/2025.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder contains a minimal amount of urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (5.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (5.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

### Adrenal Glands

The right adrenal gland is enlarged, measuring 9.1 mm at the cranial pole and 6.8 mm in width. The phrenic vasculature is unremarkable.

The left adrenal gland is diffusely enlarged, measuring 8.9 mm at the cranial pole and 9.0 mm at the caudal pole. The phrenic vasculature is unremarkable.

### Spleen

The spleen is normal in size, shape, margination and echogenicity. There are multifocal hyperechoic, non-capsule displacing myelolipomas present throughout the spleen. These are suspected to be benign lesions.

### Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.



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**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. The stomach is gas-filled. Colon contains normal contents with normal wall thickness.

**Pancreas**

The visible pancreas appears mildly hypoechoic. No surrounding hyperechoic fat. Multifocal hyperechoic striations are noted throughout the pancreas.

**Free Abdomen**

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

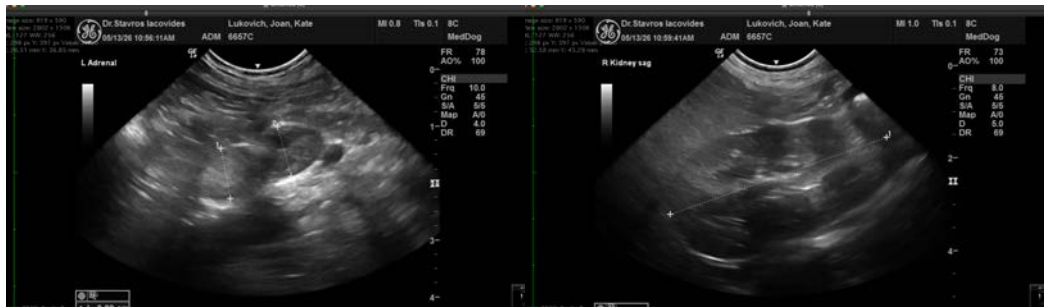
- Bilateral adrenomegaly.
- Splenic myelolipomas.
- Hyperechoic hepatomegaly.
- Gallbladder mucocele.
- Gas-filled stomach.
- Mildly hypoechoic pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral adrenomegaly is consistent with possible pituitary dependent hyperadrenocorticism. Recommend a low-dose Dexamethasone suppression test to confirm or rule out hyperadrenocorticism.

The appearance of the liver is consistent with a benign vacuolar hepatopathy caused by either chronic biliary disease (the patient is known to have biliary disease since an ultrasound was performed in 2024 when a mucocele was seen) or possible hyperadrenocorticism. Recommend starting or continuing Ursodiol therapy at 15 mg/kg given by mouth split into two daily doses, and periodically rechecking lab work and focused gallbladder ultrasound to monitor for progression of the gallbladder mucocele into a mature mucocele.

The appearance of the pancreas is consistent with possible chronic intermittent low-grade pancreatitis, suspected to be a reactive process due to patient's chronic gallbladder disease.





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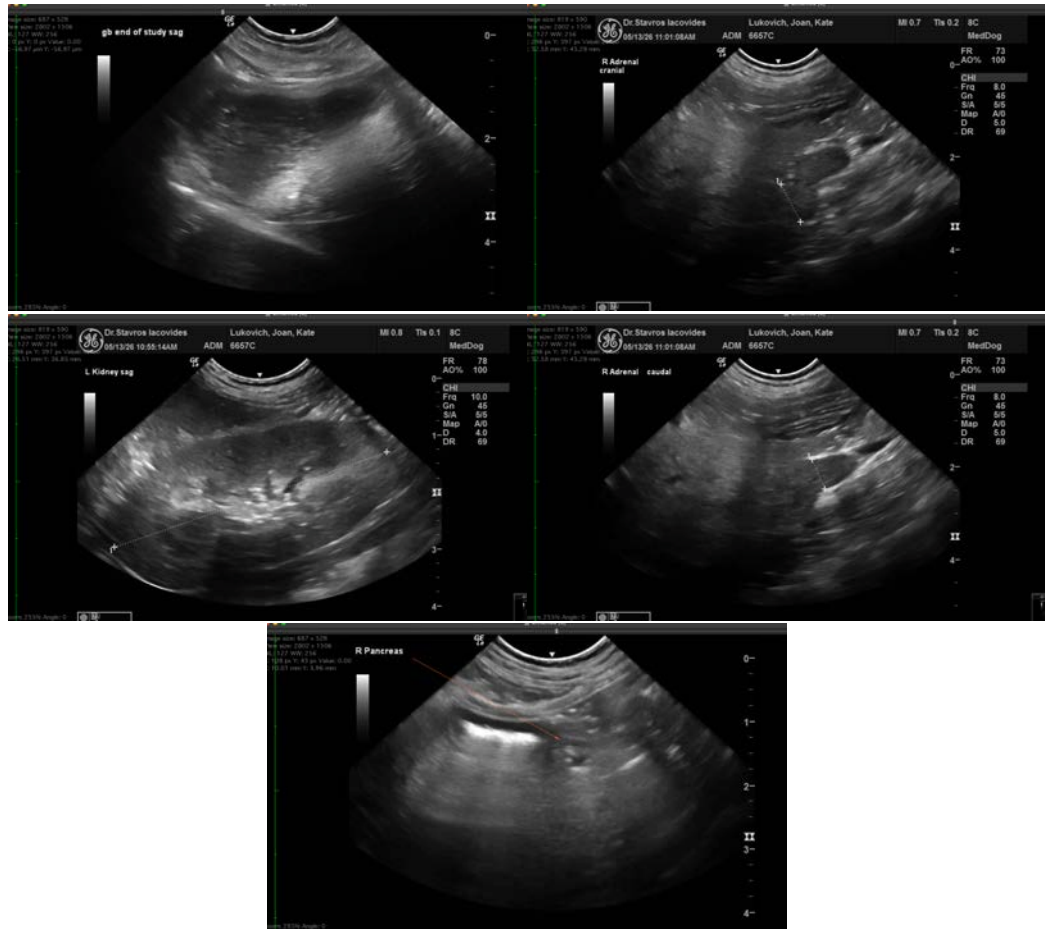
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)